



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS UNITED STATES ARMY FORCES COMMAND  
1777 HARDEE AVENUE SW  
FORT MCPHERSON GEORGIA 30330-1062

REPLY TO  
ATTENTION OF

AFLG-PR

16 February 2001

MEMORANDUM FOR ALL FORSCOM DOCS

SUBJECT: Contracting Information Letter (CIL) 01-14, Acquisition Tuition Assistance Program (ATAP) and University Program

1. The Acquisition Tuition Assistance Program (ATAP). ATAP provides funding to enable Army Acquisition Workforce (AAW) civilian employees to meet the requirements of the Defense Acquisition Workforce Improvement Act (DAWIA) as well as Section 808 of the National Defense Authorization Act. Individuals are allowed to attend an accredited institution of their choice within their local commuting area and complete courses during non-duty hours. Course attendance during duty hours must be with the approval of the student's supervisor. ATAP funding will cover tuition costs, lab fees and textbooks. Travel expenses are not included. ATAP will also pay for accredited on-line programs.

a. Who may apply? AAW members currently serving in an acquisition position may apply for a Bachelor's Degree or the 24 Business Semester Hours. To be eligible for a Master's Degree, an individual must be a member of the Army Acquisition Corps (AAC) or be Corps Eligible (CE). Application for a second Master's Degree will be considered if the following conditions are met:

- It is appropriate for the individual's acquisition career goals
- It is documented and approved on the Individual Development Plan (IDP)
- It is in a discipline that underpins the acquisition function and is not a duplicate discipline of the individual's present Master's Degree
- It provides clear benefit to the Army

b. Program dates: Dependent upon the individual's educational program.

c. How to apply: Complete ATAP Form 1, ATAP Form 2, and Standard Form 181 (enclosure 1). Standard Form 181 is optional.

On-line forms and other information concerning ATAP may be found at the following web address: <http://dacm.sarda.army.mil/careerdevelopment/>. Scroll down to SECTION III, Educational/Academic, then click on "Acquisition Tuition Assistance Program (ATAP)".

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2. University Training.

a. The tuition assistance offered by the Competitive Professional Development (CPD) University Training will not duplicate what is offered by ATAP or other tuition assistance programs offered for AAC and CE personnel. CPD tuition assistance is offered for careerists who are Level III certified, in the grade of GS12 or higher, and not otherwise eligible for assistance under ATAP or Acquisition Career Management Office (ACMO) programs.

b. Course study must be from an accredited institution in any of the following academic disciplines: Accounting, Business Finance, Law, Contracts, Purchasing, Economics, Industrial Management, Marketing, Quantitative Methods, and Organization and Management (see CIL 93-34 for additional information). Evaluation of Government completed courses should be submitted to the University for credit to avoid duplication.

c. Students are required to maintain a "B" average. Failure to maintain a "B" average may result in removal from the course of study.

d. Employees must be GS12 and above unless otherwise approved by the Functional Chief representative (FCR). In the past, employees below the GS12 level and not Level III certified have been accepted into this program. Those in the category should provide a strong justification for acceptance.

e. Expenses are limited to books, tuition and supplies. Applicant must specify if they are applying for full or part-time study.

f. University Training Program dates. Applicants are requested to plan for a one-semester lead time due to administrative processing and funds transfer.

g. Location of University Training. Applications will be considered only for an accredited college/university within the applicant's commuting area. While in training, the selector's Command or Activity will continue paying all costs for salary and personal benefits.

Application forms are provided at enclosure 2. On-line forms and other information concerning the University Training Program may be found at the following web address: <http://www.cpol.army.mil/>. Scroll down to "Training", click on "ACTEDS Training

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Catalog, FY 2001". At the Table of Contents, scroll down to "Chapter 3, CP-14, Contracting and Acquisition. Then scroll down to "University Training".

A handwritten signature in black ink, appearing to read "L. M. Gaines".

Encls  
as

**TONI M. GAINES**  
Acting Chief, Contracting Division, DCSLOG  
Acting Principal Assistant Responsible  
for Contracting





**ARMY ACQUISITION TUITION ASSISTANCE PROGRAM (ATAP)  
APPLICATION**

Applicant's Name:                      SSAN:

**PART II – TO BE COMPLETED BY APPLICANT'S SUPERVISOR**

1. State how the applicant and the organization will benefit by the applicant's completion of the desired program:

2. Is this program annotated on the applicants Individual Development Plan (IDP)?  
 Yes                                       No

3. I certify that the applicant is occupying an Army Acquisition Workforce position.

\_\_\_\_\_  
Supervisor's Name/Title

\_\_\_\_\_  
Supervisor's Signature and Date

**PART III – TO BE COMPLETED BY APPLICANT'S REVIEWER**

(This section will be completed by the applicant's second line supervisor)

1. Does the applicant's proposed program support professional development in the applicant's primary Acquisition Career Field, or another Acquisition Career Field?

Primary:     Yes                       No  
Other:         Yes                       No

2. Comments/Recommendations:

\_\_\_\_\_  
Reviewer's Name/Title

\_\_\_\_\_  
Reviewer's Signature and Date

**ARMY ACQUISITION TUITION ASSISTANCE PROGRAM (ATAP)  
APPLICATION**

NAME: \_\_\_\_\_ PROGRAM OF STUDIES FOR \_\_\_\_\_  
 SSAN: \_\_\_\_\_  
 COLLEGE/UNIVERSITY: \_\_\_\_\_ DEGREE TYPE \_\_\_\_\_ OR 12/24 HRS \_\_\_\_\_  
 DISCIPLINE: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: : \_\_\_\_\_

SARD-ZAC will fund, as resources permit, all course requirements for the selected major, core curriculum, general education, and the general electives chosen from the disciplines of accounting, business finance, law, contracts, purchasing, economics, industrial management, marketing, quantitative methods, and organization and management.

**CURRICULUM OUTLINE FOR ENTIRE EDUCATIONAL PROGRAM**  
*(Continue on plain paper, if necessary)*

Course Code	Course Title	Course Code	Course Title

**PROJECTED COSTS BY FISCAL YEAR**  
 (TUITION AND LAB FEES ONLY – BOOKS ARE NOT FUNDED BY ATAP)

FISCAL YEAR	NUMBER OF COURSES	COSTS

\_\_\_\_\_ SARD-ZAC Approving Authority

\_\_\_\_\_ Date



**ACTEDS FY2001 Training Catalog****Online Forms****FCR Competitive Professional Development (CPD)**

- **Print this checklist for your use in completing your application package.**
- **Do not send this form with your package.**

All of the forms and documents listed below must to be completed and forwarded as your application package. The on-line forms (provided below) must be used. Assemble the forms in the order listed. Incomplete application packages will be returned.

1. \_\_\_ Application for ACTEDS Training Opportunities - On line
2. \_\_\_ COMMAND/IRA Transmittal Memorandum - MUST BE ATTACHED
3. \_\_\_ Nominee's Statement of Interest - On line
4. \_\_\_ Utilization Plan - On line
5. \_\_\_ Functional Review Form - On line
6. \_\_\_ Résumé using the Army Résumé Builder - Online  
(See instructions at Appendix E of this catalog)
7. \_\_\_ Last 3 Performance Ratings (including annotated Support Forms) - MUST BE ATTACHED. If these appraisals are not available, you must include an explanation about the missing appraisals, verified by your supervisor or CPAC, and your "next" most recent appraisals.
8. \_\_\_ Request for Central Resource Support Form - On line
9. \_\_\_ SF 181, Race and National Origin Identification  
Available at: <http://www.opm.gov/forms/html/sf.htm>

**For university programs (part-time or full-time)**

10. \_\_\_ a letter of acceptance from the university - MUST BE ATTACHED.
11. \_\_\_ Academic Plan - Online.



Application for ACTEDS Training Opportunities

PRIVACY ACT NOTICE		
<p>Individuals asked or required to furnish personal information are advised of the following: AUTHORITY: 5 USC 3302. PURPOSES &amp; USES: Your completed APPLICATION FOR ACTEDS TRAINING OPPORTUNITIES will be used by a rating panel of subject matter experts in determining whether you are highly qualified for consideration for Army-sponsored training. It may also be reviewed by selecting officials and other personnel involved in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports, and replying to correspondence. Pre-course information may be sent to selectee's home address.</p>		
<p>This is an <u>APPLICANT SELF-CERTIFICATION FORM</u>. Applicants must complete this form and sign it verifying that all information needed to make selections for Army-wide or Army-sponsored training has been completed and is attached to this form. The <i>applicant</i> is responsible to ensure that this application package is routed through the proper chain of command to reach the appropriate processing office by the suspense date in the announcement.</p>		
<p><b>Name (Last, First, MI):</b>  <input style="width: 90%;" type="text"/></p>	<p><b>Career Program/Field and Code:</b>                      Click <a href="#">HERE</a> for a list of Career Programs to cut/paste from  <input style="width: 90%;" type="text"/></p>	
<p><b>Social Security Number:</b> <input style="width: 100px;" type="text"/></p>	<p><b>Check One:</b></p> <p style="text-align: center;"> <input type="radio"/> Army Acquisition Corps Member  <input type="radio"/> Army Acquisition Workforce  <input type="radio"/> Not Applicable                 </p>	
<p><b>Duty Location:</b>  <input style="width: 90%;" type="text"/></p>	<p>If AAC member is applying for long-term training or DLAMP, you must attach one of the following:</p> <ol style="list-style-type: none"> <li>1. DDACM memorandum confirming your accession into AAC, or</li> <li>2. AAE Certificate, DA Form 7130</li> </ol>	
<p><b>Office Telephone Number:</b>  <input style="width: 150px;" type="text"/></p>	<p><b>DDACM Memorandum:</b>  <input style="width: 150px;" type="text"/></p>	
<p><b>DSN Telephone Number:</b>  <input style="width: 150px;" type="text"/></p>	<p><b>AAE Certificate:</b>  <input style="width: 150px;" type="text"/></p>	
<p><b>Title, Pay Plan, Series, and Grade (If NAF, state GS equivalency)</b>  <input style="width: 90%;" type="text"/></p>	<p><b>Major Army Command or Independent Reporting Activity:</b>  <input style="width: 90%;" type="text"/></p>	
<p><b>Office Fax Number:</b>  <input type="radio"/> COM <input type="radio"/> DSN  <input style="width: 150px;" type="text"/></p>	<p><b>E-mail Address:</b>  <input style="width: 90%;" type="text"/></p>	
<p><b>Mailing Address:</b>  <input style="width: 90%; height: 40px;" type="text"/></p>	<p><b>Home Telephone Number:</b>  <input style="width: 200px;" type="text"/></p>	
SCHOOL OR PROGRAM		
<p><input type="radio"/> ACFP  <input type="radio"/> ACP  <input type="radio"/> AWC  <input type="radio"/> AWC-DE  <input type="radio"/> DELP</p>	<p><input type="radio"/> LEDC  <input type="radio"/> NSMC  <input type="radio"/> NWC  <input type="radio"/> SARSF</p>	<p style="text-align: center;"><u>Competitive Professional Development</u></p> <p><input type="radio"/> DEV ASSIGNMENTS  <input type="radio"/> STT (Less than 120 work days)  <input type="radio"/> TWI  <input type="radio"/> UNIV</p>

<input type="radio"/> DLAMP	<input type="radio"/> SBLM	Professional Enhancement Programs
<input type="radio"/> EMPEP	<input type="radio"/> SBLM-NR	
<input type="radio"/> ICAF	<input type="radio"/> SEF	
<input type="radio"/> MDMPEP <input type="radio"/> MMPEP <input type="radio"/> TMPEP		

1. I have read the training announcement and certify that I meet all of the eligibility requirements.

YES  NO

If no, explain:

2. Do you have a pending personnel action which will result in a change of position?

YES  NO

If yes, describe the action, date and pending change:

3. Are you in an overseas position?  YES  NO

If you are applying for long term training (120 or more work days), give the date of overseas assignment:

and projected rotation date:

4. I have reviewed my application package and have **COMPLETED** and **ATTACHED** all of the forms required in the announcement.  YES  NO

**I HAVE COMPLETED, ASSEMBLED AND SUBMITTED MY APPLICATION IN ACCORDANCE WITH THE ANNOUNCED GUIDANCE AND LOCAL DEADLINES. I UNDERSTAND THAT MY APPLICATION WILL BE RETURNED WITHOUT ACTION IF, UPON RECEIPT AT ITS FINAL DESTINATION, ANY REQUIRED DOCUMENT IS MISSING, INCOMPLETE OR ILLEGIBLE.**

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION ON AND ATTACHED TO THIS APPLICATION IS TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

Please type your name in the box and then click the **FORMAT** button below.

Typed Name

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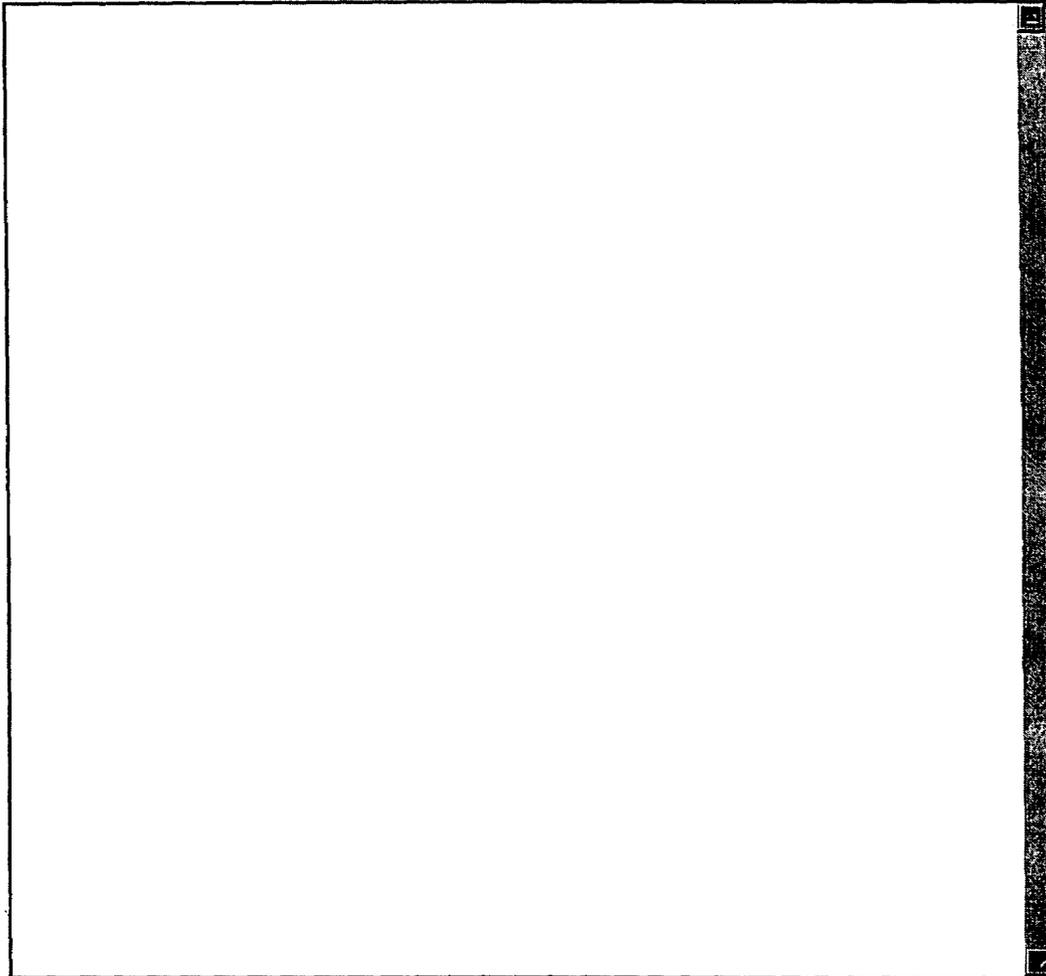
Signature



### Nominee's Statement of Interest

State, in 300 words or less, (1) why you want to be a participant in the training opportunity for which you are applying, (2) the contributions you will bring to the program, and (3) what benefits to the Army you feel are likely to result from your participation.

**Note:** You may wish to complete your statement of interest using your local word processing application (Word/WordPerfect). Then, once you have checked the word count and spelling, cut and paste the data to this textbox. There is no spell checker in this on-line form!!!



Please click the FORMAT button below.

Typed Name

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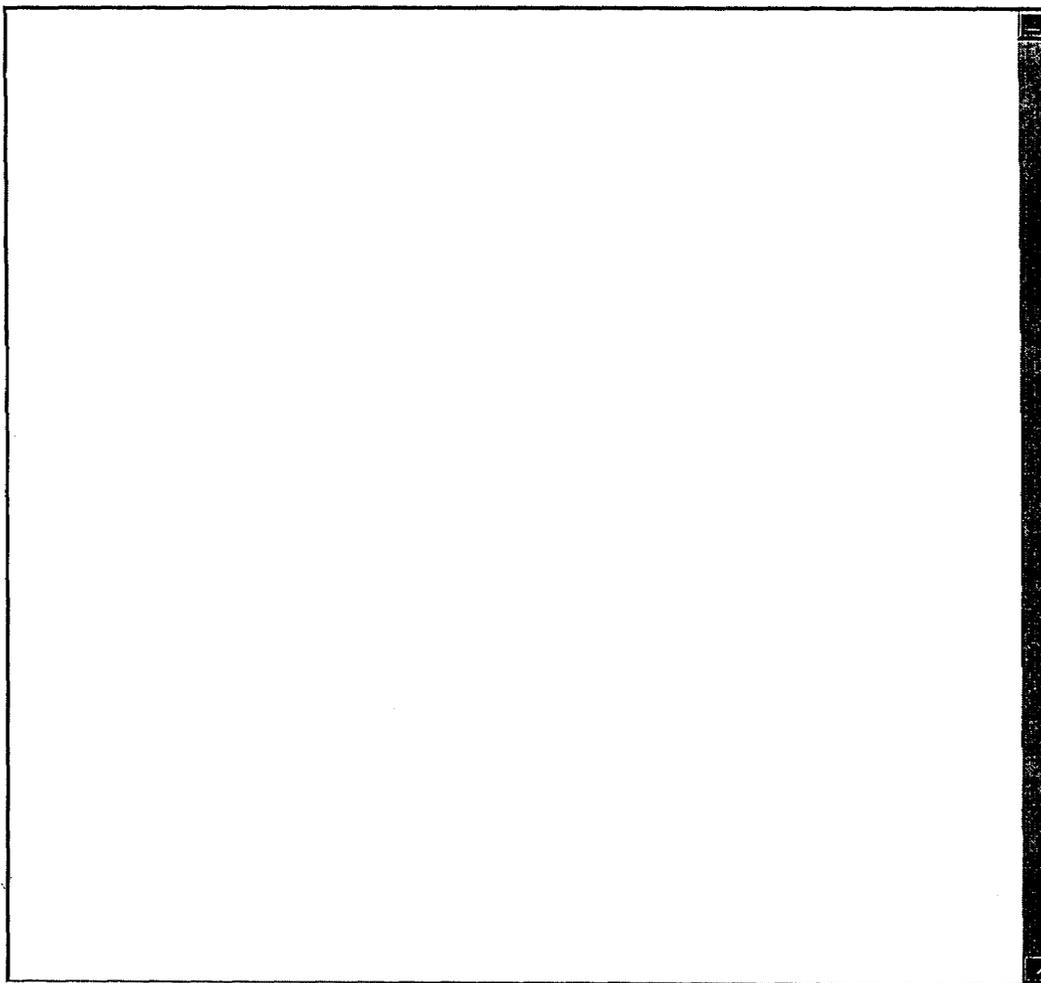
Signature



### Utilization Plan

**SUPERVISOR** - Describe how you will utilize the new skills and knowledges your employee will acquire from this training opportunity in his/her current position or new position, and how this will benefit the Army. *(For AWC-DE nominations, this utilization plan is to be developed jointly with the applicant. Assignment(s) should be at increasing levels of responsibility and ensure best return on investment for Army.)*

**Note:** You may wish to complete your Utilization Plan using your local word processing application (Word/WordPerfect). Then, once you have checked the word count and spelling, cut and paste the data to this textbox. There is no spell checker in this on-line form!!!



Please click the **FORMAT** button below.

Typed Name

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Signature

Title

<b>Functional Review Form</b>	School or Program: <input style="width: 100%;" type="text"/>		
Name (Last, First, MI): <input style="width: 100%;" type="text"/>	Career Program/Field and Code: Click <a href="#">HERE</a> for a list of Career Programs to cut/paste from <input style="width: 100%;" type="text"/>		
<p><b>Instructions:</b> This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs/MCPMs are not available because of organizational structure or the nominee is not in a series covered by a DA Civilian Career Program, this form should be completed by the second level supervisor(s) or functional official(s). Items 1c, 2c, and 3c will be completed after submission to OASA (M&amp;RA).</p>			
<p>1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development? Initial the appropriate line and column:</p>			
	a. Activity CP Manager (ACPM)	b. MACOM CP Manager (MCPM)	c. HQDA FCR/ Personnel Proponent (For FCR/Per Prop use <b>ONLY</b> )
<b>Critical</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Important</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Desirable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Not Appropriate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2a. Reason for Rating of ACPM or Other Reviewer in 1a above:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
<p>2b. Reason for Rating of MCPM or Other Reviewer in 1b above:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
<p>2c. HQDA FCR/Personnel Proponent Concurrence/Comment regarding 1c above:</p>			

3. Each employee who attends training should have a utilization plan that will assure full utilization of the knowledges and abilities acquired during the training program. Please review the **Utilization Plan** proposed by nominee's supervisor and add your comments and recommendations below. (For SSC nominees, as a minimum, you are certifying that the assignment is appropriate for the individual, the best return on the investment for the Department of the Army, and can be accomplished.)

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of HQDA FCR/Personnel Proponent:

Rank Order:  of

Please click the **FORMAT** button below.

ACPM or Other Reviewer's Title

MCPM or Other Reviewer's Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date  
Date  
FCR/Personnel Proponent's Title

---

Signature

  
Date

**FORMAT**



## Welcome to the CPOL Resume Builder (RB)

### WELCOME

The CPOL Resume Builder is a tool to assist you in preparing your resume. The Resume Builder offers you the ability to save and edit your resume. You may electronically send your saved resume via the CPOL Resume Builder (use the Send out Existing Resume button below), to Civilian Personnel Operations Centers (CPOCs) and/or to email addresses that you enter.

Please review and follow the Job Kit and "How to Apply" instructions for the region for which you are preparing your resume because some positions may have different hiring requirements.

**Please note:**

1. You can have only one resume of record on file at each CPOC.
2. Your resume will be deleted from the CPOL Resume Builder database **90** days from the last time you accessed that resume via the CPOL Resume Builder.

**Please read these important Instructions.**

**IMPORTANT BROWSER INFORMATION:** You are responsible for the security of your resume. Information you enter in this Resume Builder remains active until you exit the browser. If you leave this computer before exiting the browser, anyone who comes to this computer can access your data by pressing the back button. If this application is still active, someone other than you can submit or make changes to your resume. It is imperative that you exit the browser when you leave this computer. Exit the browser by pressing the x button in the upper right hand corner of this page.

Please select one of the following functions:

Create New Resume

Edit Existing Resume

Display existing Resume

Send out Existing Resume

Under development:

<p><a href="#">Validate Existing Resume</a></p> <p><a href="#">View Resume Activity Summary</a></p>
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Submit comments/suggestions for the CPOL Resume Builder to the  
Webmaster at [webmaster@asamra.hoffman.army.mil](mailto:webmaster@asamra.hoffman.army.mil)

[Army Civilian Personnel Online](#)

## REQUEST FOR CENTRAL RESOURCE SUPPORT FORM

**Section I**

Last Name  First Name  Middle Initial

Social Security Number:

Pay Plan  Series  Grade  Major Command

Career Program - CP  Employing Activity

Servicing Resource Management Office

Type of Training   FT  PT

Period of Training: Start  End

**Section II Cost of Training (only if applicable)**

Elements of Expense	FY <input type="text"/> Costs	FY <input type="text"/> Costs	Total Costs
Tuition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Per Diem (TDY Only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCS Cost (See JTR)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Books	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
FY Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please click the **FORMAT** button below.

**APPROVAL: Activity Representative**

Typed/Printed Name/Title/Phone Number

---

Signature

**APPROVAL: MACOM Representative**

Typed/Printed Name/Title/Phone Number	
Signature	
<b>Instructions for completing this form:</b>	
(1) Payment of tuition will be paid one semester at a time. Your employing activity is responsible for assuring that academic and other appropriate fees are paid to the facility. (2) Travel will be IAW the JTR, Vol II. The participant is authorized one trip to and from the training site and full per diem for one day; mileage reimbursement and per diem limited to constructive cost of common carrier transportation; and related per diem as determined in the JTR. (3) For training within the participant's commuting area, reimbursement is authorized for mileage IAW the appropriate rate, for the distance that exceeds the employee's commuting distance to the regular place of work and return, along with necessary parking fees and tolls. (4) Per Diem - 55% of the applicable per diem at the training site while in training is authorized. Reimbursement for local travel while on per diem is not authorized. (5) PCS Costs - In lieu of per diem you may be authorized movement of dependents and household goods at your request, if a cost comparison made in compliance with paragraph C4502-2, JTR Vol 2, shows that such movement would be less costly to the Government than per diem. (6) Books-Fees cover books only. (7) Salary and benefits of the Long-Term Training participants remain the responsibility of the parent command (See Administrative Procedures for detail).	
Authority:	The Government Employees training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).
Purpose and Use:	Used in the administration of the Federal Training Program.
Disclosure:	Personal information provided in this application package is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.



## RACE AND NATIONAL ORIGIN IDENTIFICATION

*(Please read the instructions and Privacy Act Statement before completing form)*

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)										
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> </tr> </table>											

### Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify your-

self by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. **NOTE: Mark only ONE box.**

NAME OF CATEGORY <i>(Mark ONE only)</i>	DEFINITION OF CATEGORY
<b>Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico</b>	
<input type="checkbox"/> <b>A</b> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<input type="checkbox"/> <b>B</b> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/> <b>C</b> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
<input type="checkbox"/> <b>D</b> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
<input type="checkbox"/> <b>E</b> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
<b>Categories for Use in Puerto Rico</b>	
<input type="checkbox"/> <b>D</b> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
<input type="checkbox"/> <b>Y</b> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

\* Reproduce OPM Form 1468 from FPM Supp. 298-1 for data collection in Hawaii.

## ACADEMIC PLAN

**Privacy Act Information.** Authority: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN). Purpose and Use: Used in the administration of the Federal Training program. Disclosure: Personal information provided in this application package is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

<b>Name</b>	<b>Career Program</b>	<b>Office Phone-Commercial</b>	<b>Office Phone-DSN</b>
-------------	-----------------------	--------------------------------	-------------------------

<b>Occupational title/series/grade</b>	<b>E-Mail Address</b>	<b>Duty Location</b>
--	-----------------------	----------------------

<b>Office Address</b>	<b>SSN:</b>
	<b>MACOM:</b>
	<b>Training Location:</b>

**Education Beyond High Level[highest academic level]**

<u>School:</u>	<u>Location</u>	<u>Program</u>	<u>Degree/Certificate</u>	<u>Date</u>

<b>Name and address of School/Institute to which applying</b>	<b>Initial Registration date</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time
---	----------------------------------	--

<u>Course Title</u>	<u>Course Dates</u>	<u>Credit Hrs</u>	<u>Course Cost</u>

I understand that (1) training for the sole purpose of obtaining an academic degree or professional certification is prohibited; (2) course changes require prior approval by my supervisor to ensure that substitute courses are consistent with this plan; and (3) paying additional rates of tuition as a degree candidate or addition fees for graduation is prohibited.

**Applicant Signature**

I have discussed this academic plan with the employee and find the courses consistent with developing competencies to meet the identified training needs of the employee. The employee has been advised about the prohibition against taking training for the sole purpose of obtaining a degree or professional certification.

**Supervisor Signature**

I have reviewed this academic plan and find that the courses will develop competencies consistent with the training needs of the career field/program.

**FCR Signature**

Note: Due to funding cycles, only courses that begin during the fiscal year (FY) are approved for funding. Approval does not carry over into the next FY. A new academic plan must be submitted and approved for courses that begin in the next FY.